



Ph: 1-866-823-4160
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BRILLE JAMB AND CAR PLATES

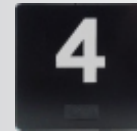
INTERACTIVE E-FORM

Lustre products car braille plates(C.O.P. buttons)

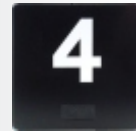
E-Form Instructions

To fill out form, click and type in highlighted areas(form fields.)
 If preferred you can print this form, fill out by hand and fax it to us.
 To fill out form by hand, write in the numbers or letters inside the highlighted area of the plates, and circle a required symbol underneath.

Choose a color combination



Black BG/Silver text



Black BG/White text

Individual

Enter floor numbers, or text in the highlighted areas below.
 Click a symbol button to add to plate.

1.25x1.25



Qty: _____

- Black BG/Silver text
- Black BG/White text

1.375 dia.



Qty: _____

- Black BG/Silver text
- Black BG/White text

Add Additional buttons below:

Symbols	Characters	Qty:	Qty:
<input type="checkbox"/> ★	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Add Additional buttons below:

Symbols	Characters	Qty:	Qty:
<input type="checkbox"/> ★	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Consecutive

Enter consecutive floor numbers in boxes below.
 For example if you have four floors, type "1" in first box and "4" in second box. Click a symbol to add to plates.

1.25x1.25



thru



Qty: _____

- Black BG/Silver text
- Black BG/White text

Add Additional buttons below:

Characters	Characters	Qty:	Qty:
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Enter consecutive floor numbers in boxes below.
 For example if you have four floors, type "1" in first box and "4" in second box. Click a symbol to add to plates.

1.375 dia.



thru



Qty: _____

- Black BG/Silver text
- Black BG/White text

Add Additional buttons below:

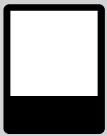
Characters	Characters	Qty:	Qty:
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

jamb braille plates(door)

Individual

Enter floor numbers, or text in the highlighted areas below. Click a symbol button to add to plate.

3x4



Qty: _____

- Black BG/Silver text
- Black BG/White text

4x4



Qty: _____

- Black BG/Silver text
- Black BG/White text



Add Additional jamb plates below:

Symbols	Characters	Qty:	Qty:
<input type="checkbox"/> ★	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Add Additional jamb plates below:

Symbols	Characters	Qty:	Qty:
<input type="checkbox"/> ★	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Check the box to indicate you require California specifications for your jamb plate order. California specifications

Consecutive

Enter consecutive floor numbers in boxes below. For example if you have four floors, type "1" in first box and "4" in second box. Click a symbol to add to plates.



3x4
thru



Qty: _____

- Black BG/Silver text
- Black BG/White text



4x4
thru



Qty: _____

- Black BG/Silver text
- Black BG/White text

Add Additional jamb plates below:

Characters	Characters	Characters	Characters	Qty:	Qty:	Qty:	Qty:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____

Check the box to indicate you require California specifications for your jamb plate order. California specifications

The "Click to E-mail" Button will open your e-mail program and will automatically attach your filled in form as a PDF to the e-mail message. You can specify if you wish to receive a quote only in the email. When ready, click "Send" in your e-mail program and it will send to our staff your email with the completed order form attached.

Company: _____

Job Name: _____

Order #: _____ P.O.#: _____

Notes _____

Contact Name: _____



SHIP TO ADDRESS: _____

Phone () _____ - _____

Fax () _____ - _____

Manufactured by



Signage Worksheet



Save a Tree.
Use our E-Forms.

